

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Correctional Officer Corrasco</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179

Number of process to be served on this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

**Felicia Reloba**

415-522-2000

6/10/07

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 11

District to Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

\$0.00

REMARKS: 7/1/08 - contacted Lit. Coordinator @ STSP

7/2/08 - Retiro etc; No officer - Name of this Name is Need First &amp; Last Name

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> <u>Correctional Officer Garcia</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kevin Burton, C-38062 R.J. Donovan State Prison P.O. Box 779007 San Diego, CA 92179	
<div style="text-align: right;"> <b>FILED</b>  JUL - 9 2008  CLERK OF COURT  NORTHERN DISTRICT OF CALIFORNIA  CHECKED BY: W. WIEKING  Number of process to be served in this case  Check for service on U.S.A. </div>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: <b>Felicia Reloba</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-2000	DATE 6/10/07
--	---	----------------------------------	-----------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>11</u>	District to Serve No. <u>11</u>	Signature of Authorized USMS Deputy or Clerk <u>R. Jan</u>	Date <u>6/30/08</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS: 7/1/08 - Contacted Lit. Coordinator At SVSP7/3/08 - 21 officers upstate last name - need more info

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM

is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
Kevin BurtonCOURT CASE NUMBER  
CV-07-4967 PJH (PR)

DEFENDANT

California Department of Corrections, et al.

TYPE OF PROCESS  
Summons Order and ComplaintSERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

MTA GARCIA

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179Number of process to be  
served with this Form 285 3  
Number of parties to be  
served in this case 19  
Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

Felicia Reloba

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

DATE

6/10/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)Total Process  
1District of  
Origin  
No. 11District to  
Serve  
No. 11

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$0.00

REMARKS:

7/1/08 - contacted Lit. Coordinator At 2VP

7/3/08 - 4 MTAs with same last name, need more info such as 1st name

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,  
if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
 See "Instructions for Service of Process by U.S. Marshal"

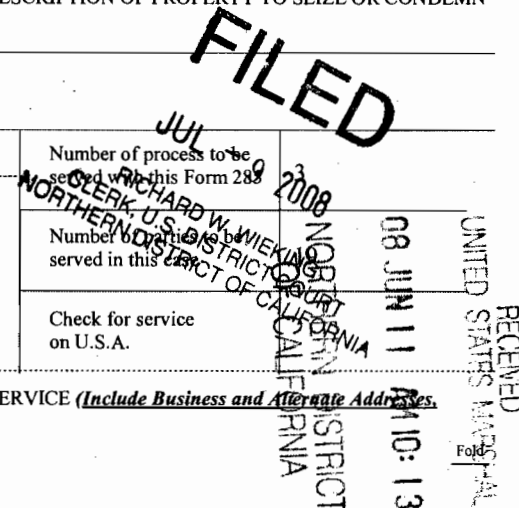
PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Correctional Officer GRAYWALD  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062 R.J. Donovan State Prison P.O. Box 779007 San Diego, CA 92179	Number of process to be served with this Form 285 1	Number of process served in this district 1	Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):



Signature of Attorney other Originator requesting service on behalf of: Felicia Reloba ☒ PLAINTIFF ☐ DEFENDANT  
 TELEPHONE NUMBER: 415-522-2000  
 DATE: 6/10/07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>11</u>	District to Serve No. <u>11</u>	Signature of Authorized USMS Deputy or Clerk <u>R. Jones</u>	Date <u>6/30/08</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS: 7/1/08 - contacted Lit. Coordinator at SVBP  
7/2/08 - No Record of individual at Salinas Valley State Prison - s/c Ret'd

USM-285 is a 3-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Correctional Officer HORRENCE**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
 R.J. Donovan State Prison  
 P.O. Box 779007  
 San Diego, CA 92179

Number of process to be served with this Form 285

Number of process to be served in this case

Check for service on U.S.A.

**FILED**

JUL 3 - 9 2008

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

RECEIVED  
UNITED STATES MARSHAL  
NORTHERN DISTRICT OF CALIFORNIA  
08 JUN 11 AM '08  
DATE 6/10/07**Felicia Reloba****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 11

District to Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

*R. Juan*

Date

6/3/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS: 7/1/08 - contacted Lit. Coord. at SVSP  
 7/3/08 - No record of individual - summons Ret'd

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
 Rev. 12/15/80  
 Automated 01/00

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Sergeant O'Kenno</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

**Felicia Reloba**☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

DATE

6/10/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>11</u>	District to Serve No. <u>11</u>	Signature of Authorized USMS Deputy or Clerk <u>R. J. ...</u>	Date <u>6/10/08</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: 7/1/08 - contacted Lit. Coordinator @ SVSP  
7/2/08 - No Record of individual - summons Reton

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	<b>Correctional Officer Perez</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

 Kevin Burton, C-38062  
 R.J. Donovan State Prison  
 P.O. Box 779007  
 San Diego, CA 92179

Number of process served

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

**Felicia Reloba**
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

6/10/07

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>11</u>	District to Serve No. <u>11</u>	Signature of Authorized USMS Deputy or Clerk <i>P. Jones</i>	Date <u>6/30/08</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

 Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS: 7/1/08, Contacted Lit. Coordinator at SJSP

7/3/08 - 8 officers w/ same last name - Need more info

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**correctional officer PHILMON**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
 R.J. Donovan State Prison  
 P.O. Box 779007  
 San Diego, CA 92179

Number of process to be served with this Form 285 3

Number of parties to be served in this case 19

RICHARD W. WIEKING  
 CLERK, U.S. DISTRICT COURT  
 Check for return on U.S.A.  
 NORTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: <b>Felicia Reloba</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-2000	DATE 6/10/07
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>R. J. ...</i>	Date 6/30/08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
-------------	--	----------------	---------------	------------------	--

REMARKS: 7/1/08 - contacted Lit. Coordinator of SVSP  
 7/2/08 - No Return of individual - see Ret'd

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>CORRECTIONAL OFFICER SILVA</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179

Number of process to be served with this Form 285

Number of process to be served in this case

Check for service on U.S.A.

**FILED**

CLERK  
NORTHERN DISTRICT OF CALIFORNIA  
RICHARD W. WIEKING  
U.S. DISTRICT COURT  
SAN FRANCISCO, CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: <b>Felicia Reloba</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-2000	DATE 6/10/07
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>11</b>	District to Serve No. <b>11</b>	Signature of Authorized USMS Deputy or Clerk <b>R. Jones</b>	Date <b>6/30/08</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS: 7/1/08 - contacted Lit. Coordinator @ SVSP

7/2/08 - two officers w/ same last name - need first &amp; last name

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT California Department of Corrections, et al.	TYPE OF PROCESS Summons Order and Complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>correctional officer wilson</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kevin Burton, C-38062  
R.J. Donovan State Prison  
P.O. Box 779007  
San Diego, CA 92179

Number of process to be served with this Form 285 **9 32008**

**FILED**  
CLERK RICHARD W. WIEKING  
NORTHERN DISTRICT COURT  
DISTRICT OF CALIFORNIA

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

**Felicia Reloba**
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

DATE

6/10/07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS: **7/1/08 - contacted Lit. Coordinator at SVSP****7/3/08 - two officers with same last name - need more info, sent AS 1st name****PRINT 5 COPIES:**

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